539 women have used 12 injections. The continuation rates at 6,9 and 12 months are 79.2,73.9 and 70.3 per 100 users respectively. Majority of the discontinuations were due to menstrual irregularities 9.2 per 100 users at one year, (discontinuations due to ammenorrhoea was 2.2,2.4 and 2.7 at 6,9, and 12 months, discontinuation due to heavy and prolonged bleeding were 1.9,2.1 and 2.7). Infrequent and reduced bleeding did not result in women discontinuing the method. Discontinuations due to personnel reasons were 4.7,7.0 and 8.4 at 6.9 and 12 months of use.

No method failure has been reported in this study. Discontinuation rate due to other medical reasons like nausea, vomitings, High Blood Pressure, Rashes and itching, Weight gain and Breast tenderness were 2.2,3.5 and 3.8 at 6,9 and 12 months.

116 women discontinued from the study due to personal reasons like transfer to other city (56), husband separated (18) objection from family members (16) and illness of the husband (12) were the majore personal reasons for discontinuations.

The study has just completed and the final reports have been received in the Health Ministry

Research grant for ICMR

4052. DR. *K* KASTURIRANGAN: Will the Minster of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government propose to increase the budgetary allocation for the medical research activities under the Indian Council of medical Research;

(b) if so, the details thereof;

(c) whether Government also propose to support all the related aspects such as augmenting human resource, modernizing infrastructure and more attractive career prospects for the staff to ensure
of enhanced budgetary provisions; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) The

Govenrment is committed to encouraging medical research activities by the Indian Council of Medical Research. An amount of Rs. 5000 crores has been proposed during the Xlth Five Year Plan in order to give an impetus to research activities of ICMR including augmentation of its human resource, modernization of infrastructure, improvement of career prospects for the staff of ICMR and other related issues.

Artificial health valve

4053. SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether improved version of India's first artificial heart valve "Citra" has ben devised;

(b) if so, the approximae cost thereof; and

(c) the action taken to produce it on large scale to help poor heart patients needing artificial valve implantation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) According to Indian Council of Medical Research (ICMR) an improved version of India's heart valve, the TTK-Citra Valve is at an advanced stage of development and testing under a collaborative project between Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvanthapuram and TTK Halthcare Ltd., Chennai with the financial support of DSIR, Ministry of Science & Technology under their PASTER Scheme. The new version is expected to enter the clinicial evaluation phase during the last quarter of 2007. The manufactured price of the new model is expected to be the same as the present model. TTK Healthcare Ltd. has set up a new plant in Thiruvanthapuram with increased capacity to take care of the requirement.

Non-availability of doctors in CGHS Dispensary

4054. SHRI KAMAL AKHTAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is no ayurveda doctor available at CGHS Dispensary No. 73 since December, 2006;